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FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR PROGRAMMES IN THE MIDDLE EAST AND NORTH AFRICA REGION WITH ANNUAL PLANNING LEVELS NOT EXCEEDING $1,000,000*

SUMMARY

The present document contains the recommendation for funding from general resources and supplementary funds for programmes with annual planning levels not exceeding $1,000,000. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Palestinian children and women in Jordan	800 000	625 000	1994-1997

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

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PALESTINIAN CHILDREN AND WOMEN IN JORDAN

Basic data (1989 unless otherwise stated)

Child population (0-15 years)	113,000 (camps)
IMR (per 1,000 live births)	35/55 (camp/squatter areas)
U5MR (per 1,000 live births)	42/62 (camp/squatter areas)
Literacy (per cent, male/female)	90/72
GNP per capita (1990)	950
One-year-olds fully immunized against:	
tuberculosis:	97 per cent (1991)
diphtheria/pertussis/tetanus:	98 per cent
measles:	87 per cent
poliomyelitis:	98 per cent
Pregnant women immunized against:	
tetanus:	75 per cent

The situation of children and women

1. The total number of Palestinians in Jordan is estimated at 1.4 million. Of those, 972,400 are registered. Approximately 227,700 persons (28 per cent of those registered) are housed in 13 refugee camps, 10 "official" camps established in 1948 and 1967, and 3 "unofficial" camps established since 1967. A large population of low-income Palestinians, perhaps as many as 400,000, reside in underserved squatter areas and other poor quarters of Amman, Zarqa and the northern city of Irbid. The annual population growth rate is 3.5 per cent. Of the total population, 51.5 per cent are male and 48.5 per cent female; the average family size is seven persons.

2. Palestinians have been severely affected by Jordan's economic recession and the adverse economic effects of the Gulf crisis. In the four-year period from 1988 to 1991, the cost of living rose by 69 per cent, the dinar lost 50 per cent of its value and unemployment climbed to over 30 per cent. The situation worsened further following the Gulf crisis, as many Palestinian families relied heavily on economic activities linked with the Gulf countries. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) reported that Palestinians in need in Jordan increased more sharply in the 1990-1991 period than in any other period since the last major refugee wave in 1967. The decline in living standards, coupled with rapid urbanization and a breakdown in traditional extended family support networks, have placed a major strain on the social structure of the Palestinian community in Jordan.

3. The infant mortality rate (IMR) and under-five mortality rate (U5MR) in 1989 were 35 and 45 per 1,000 live births, respectively, in the Palestinian camps. Evidence from the Urban Development Department suggests that the rates are somewhat higher in mainly Palestinian, low-income squatter communities, and

in the overcrowded squatter areas of the Amman-Zarqa region; however, no comprehensive study on ARI has been undertaken. Immunization coverage in the camps is over 90 per cent for all antigens, but coverage among children in low-income squatter areas is thought to lag behind.

4. The maternal mortality rate (MHR) is estimated at 40 per 100,000 live births (1989), but accurate data are not available on the causes or extent of maternal mortality. Some 85 per cent of mothers residing in camps receive at least one examination during pregnancy, compared to 63 per cent in low-income areas outside the camps. In 1986, 51 per cent of camp deliveries and 26 per cent of deliveries in low-income Palestinian communities were performed by an untrained traditional birth attendant (TBA), a relative or the mother of the pregnant woman. A 1986 survey of camp dwellers revealed that over one third of women have an interval of one year or less between births and that nearly 60 per cent have 18 months or fewer. The fertility rate is estimated at seven, while the crude birth rate is 35 per 1,000. A 1990 national survey showed that 40 per cent of Jordanian couples were using some form of contraception, a rate thought to be representative of the Palestinian community.

5. A 1991 comprehensive nutrition survey revealed that 7.2 per cent of Palestinian children in Jordan under five years of age were chronically malnourished (stunted), 1 per cent were acutely malnourished (wasted) and 59 per cent were anaemic. Breast-feeding is practised by over 95 per cent of Palestinian mothers in Jordan, with the mean duration of breast-feeding among low-income, non-camp Palestinian women about 11 months. Surveys in low-income urban areas suggest sex differentiation in feeding habits: boy babies are breast-fed more than girls and are twice as likely to receive family food along with their mother's milk. UNRWA surveys reveal that one quarter of non-pregnant Palestinian women and 54 per cent of women in their third trimester of pregnancy are anaemic. The World Health Organization (WHO) and UNRWA estimate that 7.1 per cent of Palestinian babies in Jordan weigh less than 2,500 grams (1990), the highest incidence of low birth weight of all Palestinian refugee communities.

6. The enrolment rate of Palestinian children is approximately 91 per cent in primary school and 61 per cent at the secondary level. The elementary level student/teacher ratio in 1991/92 was 41:1. The literacy rate among Palestinians in Jordan was estimated at 81 per cent in 1990 (90 per cent for males and 72 per cent for females). Pre-school education is provided totally by private non-governmental organizations (NGOs). In 1991, there were 20 kindergartens and pre-school facilities in the camps - far short of demand. A 1986 study concluded that Palestinian children are under-stimulated in their communities and homes and that there is a large unmet need among refugee children for a stimulating play environment.

Programme cooperation, 1989-1992

7. UNICEF assistance to Palestinian children and women in Jordan began in 1980. Cooperation in its initial stages focused on providing assistance to UNRWA in the fields of immunization, the control of diarrhoeal diseases (CDD) and growth monitoring and was closely linked to parallel efforts at the national level. Major interventions included support to in-service training for UNRWA physicians and health workers, social mobilization and advocacy and the

provision of vaccines and syringes, cold-chain equipment, oral rehydration salts and other basic health supplies. The Palestinian programme was carried out largely in conjunction with UNRWA until 1984, at which time, in an attempt to reach low-income Palestinians residing outside the camps, UNICEF began compiling lists of, and establishing cooperative links with, many NGOs active in Palestinian communities.

8. Health education for low-income, non-camp Palestinian women became an increasingly important component of UNICEF cooperation in the mid-1980s. UNICEF successfully advocated for health education and outreach activities in urban squatter areas outside the camps; supported the training of the Ministry of Health, NGO and UNRWA community health workers (CHWs) in communication and outreach techniques; and assisted in the incorporation of health information into literacy and vocational training programmes for Palestinian women. The health component of UNICEF assistance was expanded in 1989 to include the control of ARI, maternal and child health (MCH) and the early detection of disabilities. As with the control of vaccine-preventable diseases and CDD, new efforts were closely linked to parallel efforts at the national level.

9. UNICEF assistance in 1989 expanded to include the areas of early childhood development (ECD) and formal education. Initial efforts in ECD centred on working with concerned NGOs in upgrading kindergarten facilities and in providing in-service training to kindergarten teachers. More recently, these efforts have placed increased emphasis on preparing mothers to meet more effectively the early development needs of their children. Efforts in formal education have centred on the development and implementation of the action oriented school health project in UNRWA basic-level schools. The project involves training teachers in innovative means of communicating basic, Facts for Life health messages to children and promotes the concept of children as "health extension workers" in their homes and communities.

Lessons learned

10. A clear lesson from programme experience is the need for active, innovative, programmatic approaches rather than traditional, supply- and procurement-oriented ones. It was clear from the outset of the programme of assistance to Palestinians in Jordan that UNICEF, with a budget of just $200,000 per annum, versus the UNRWA annual budget of $60 million to $70 million for Jordan alone, would have little impact acting solely in a traditional supply-oriented capacity. Hence, emphasis has been placed on working with UNRWA in such areas as the training of health workers and educators, social mobilization, the development of monitoring and reporting systems, and empowering families with basic skills and knowledge for better living.

11. There is a recognition of the importance of fostering close links between the Government of Jordan, in particular the Ministries of Health and Education, and UNRWA, so as to achieve better cooperation and coordination and to avoid duplication of services. In this regard, UNICEF was instrumental in setting up a steering committee in 1989 comprising UNRWA, NGOs and concerned government officials in the fields of both education and health. As a direct output of this committee, unified monitoring and reporting systems have been developed for the expanded programme on immunization, the control of ARI, CDD and safe motherhood; a unified training mechanism has been developed for both teachers

and health workers; and a unified system of community outreach has been developed for providing Palestinian mothers with health education.

12. UNICEF assistance is designed to serve the needs of non-camp Palestinians residing in squatter and poor areas of the Amman-Zarqa region and other major urban areas of the country. It had become clear that the most important UNICEF target group was not the camp Palestinians reasonably well covered by UNRWA services, but rather the large number of needy Palestinians living outside the camps and often not reached by either government or UNRWA assistance. As a means of reaching this target group, UNICEF has established cooperative links with over 40 local and international NGOs serving low-income Palestinian squatter areas.

Recommended programme cooperation, 1994-1997

Estimated annual expenditure

(In thousands of United States dollars)

	1994	1995	1996	1997	Total
General resources					
Health	110	100	95	95	400
Education	50	55	50	40	195
Urban family	25	30	40	55	150
Programme support	15	15	15	10	55
Subtotal	200	200	200	200	800
Supplementary funding a/					
Health	-	100	95	95	290
Education	-	55	50	40	145
Urban family	25	30	40	55	150
Programme support	-	15	15	10	40
Subtotal	25	200	200	200	625
Total	225	400	400	400	1 425

a/ Not including funded supplementary funding of $775,000 for 1993 and 1994.

13. The 1994-1997 programme of cooperation for Palestinians in Jordan has been developed by UNICEF in close consultation with the Government of Jordan, UNRWA and numerous Palestinian NGOs and grass-roots organizations and reflects a common commitment to the priorities and strategies promoted by UNICEF for the

1990s. It falls within the framework of the national programme of action for the Palestinians in Jordan, Lebanon, the Syrian Arab Republic and the West Bank and Gaza. The programme of cooperation was developed taking into account the unique needs of a refugee population, with the aim of utilizing limited financial, human and institutional resources in such a way as to achieve maximum impact on the greatest number of persons. The programme will have three components - MCH, education and the urban family - and will be closely linked with, and be complementary to, the main UNICEF country programme in Jordan. The overall programme goals are: to reduce overall IMR from 35 to 25 per 1,000 live births and IMR in low-income squatter areas from 55 to 35 per 1,000 live births; to reduce MMR from an estimated 40 to 25 per 100,000 live births; and to empower all Palestinians in Jordan with the basic knowledge and skills needed for healthy living.

14. The programme formulation process led to the identification of a number of cross-cutting priorities that will form the broad strategic framework for programme cooperation:

(a) In underserved urban areas, the central target of UNICEF interventions will be some 400,000 needy Palestinians residing in urban squatter areas outside the camps;

(b) With regard to linkages and coordination, programmatic linkages with local community-based Palestinian NGOs will be expanded in order to reach low-income squatter areas;

(c) Raising community awareness and the capacity of families with basic knowledge and skills for healthy living will be a major component of all interventions;

(d) Improving the quality of services to children through extensive in-service personnel training, with a particular emphasis on workers from local Palestinian NGOs, will be another critical element;

(e) Improving the information systems and baseline data on Palestinian children and women, and in particular on those in urban squatter areas, will be critical to promoting more informed programming among private sector and government counterparts.

Health

15. The health programme is designed to achieve the following major objectives:

(a) To reduce ARI-related mortality and the incidence of severe and moderate malnutrition among children under five years of age - each by 50 per cent;

(b) To increase to 95 per cent the proportion of women breast-feeding exclusively for four to six months and continuing to breast-feed, with adequate complementary foods, for up to two years;

(c) To reduce diarrhoea-related mortality from 0.5 to 0.3 per 1,000 cases and the average number of episodes from 1.2 to 0.8;

(d) To eliminate measles-related mortality and reduce morbidity by 50 per cent;

(e) To increase the immunization coverage rate to at least 95 per cent among children under one year of age for three doses of combined diphtheria/pertussis/tetanus vaccine, three doses of oral polio vaccine (OPV3) and measles, and to 90 per cent among pregnant women for tetanus toxoid;

(f) To reduce the incidence of anaemia among pregnant and lactating women by 50 per cent.

16. To achieve the above objectives, the programme will comprise control of ARI, child nutrition, safe motherhood, CDD, control of vaccine-preventable diseases and identification and treatment of childhood disabilities. The programme will target the immediate causes of maternal and child mortality and morbidity by providing such essential materials and supplies as paediatric syrups, vaccines, syringes and essential drugs to both UNRWA and NGO clinics and service delivery points. Equally important, the programme will aim at two major groups of underlying causes of child and maternal mortality and morbidity, i.e., household and community perceptions, beliefs and awareness; and the availability, quality and utilization of health services. Interventions directed towards these underlying causes will include extensive social mobilization and community outreach aimed at involving the mass media, community and religious leaders and local NGOs in awareness-raising efforts; in-service training for UNRWA and NGO CHWs and TBAs; support to the development of unified treatment and care protocols; and improvement of reporting systems and baseline data. Special emphasis will be placed on mobilizing assistance and developing systems of outreach for vulnerable non-camp Palestinians concentrated in squatter and poor areas of the Amman-Zarqa and Irbid regions.

Education

17. The education programme will include ECD and formal basic education activities. ECD-related activities will aim to promote optimal cognitive, emotional and psycho-social growth among young children both at home and in the community. UNICEF cooperation will focus primarily on non-formal approaches to promoting early development, and in particular on providing basic knowledge to caregivers on how to promote this development at home. Service coverage objectives will include providing this knowledge to 90 per cent of caregivers. In the formal sector, cooperation will centre on promoting expanded access to kindergarten through community outreach and improving the quality of kindergartens through in-service teacher training. Efforts to improve the quality, efficiency and effectiveness of formal basic education will aim at ensuring that all graduates of the system have the knowledge and life skills necessary to become functional, contributing adults. UNICEF support will focus on improving the relevance of learning through the incorporation of knowledge and skills for healthy living into basic-level school curricula and improving the quality, relevance and scope of in-service teacher training.

Urban family

18. The urban family programme will comprise three components: women in the workforce; the urban child; and community capacity development. The programme

will be targeted towards three critical factors affecting the well-being of urban Palestinian families: the availability of resources at the household level; the psychological effect of urbanization, deprived living conditions and a breakdown in traditional family support networks; and the availability and quality of local social services. The women in the workforce project will be directed towards mitigating the adverse effects of the Gulf crisis on vulnerable Palestinian families through expanding and increasing the viability of income-generating projects for women. The project will seek to address the psycho-social and adjustment problems that have arisen among Palestinian children as a result of rapid urbanization, economic hardship and sudden uprooting through the expansion of school and community counselling services and through enhancing the capacity of families to deal with stress and meet the psycho-social development needs of children. Finally, the community capacity development project will be targeted towards improving the quality and coverage of social services in low-income squatter areas through the establishment of local intersectoral steering committees, linking the Government, local NGOs and community leaders, and charged with developing coordinated integrated strategies for the provision of local social services and for meeting local needs.

Monitoring and evaluation

19. Annual reviews will be conducted during the last quarter of each calendar year, with the participation, as appropriate, of United Nations agencies and other concerned parties. These reviews will form the basis of annual adjustment and resource allocation for the project plans of action. A programme mid-term review, accompanied by relevant evaluative studies, will be undertaken to review the overall trends and progress towards objectives and to reflect upon the effectiveness of strategies adopted. Specifically, UNICEF will support assessments of the extent of and reasons for school drop-outs in Palestinian squatter areas; the impact of income-generating activities on women's skills and on the general health and nutritional status of target mothers and their children; and a study on the location and characteristics of children outside the formal education system. In addition, in order to allow close analysis of the progress of individual projects and to promote intersectoral coordination and participatory planning, joint field trips of UNICEF and project personnel will be undertaken regularly.

Collaboration with local groups and NGOs

20. The Department of Palestinian Affairs within the Ministry of Foreign Affairs will be responsible for overall coordination and supervision of the proposed programme. The Department will be responsible for the clearance, receipt, warehousing and timely distribution of supplies, as well as for accounting for supplies provided to NGOs. The Ministry of Health, UNRWA, the Urban Development Department and numerous NGOs will take primary responsibility for project implementation and follow-up, the details of which will be further elaborated in the various project plans of action to be developed annually by the concerned agencies in conjunction with the Department of Palestinian Affairs and UNICEF.